



12-294T 240710  
12 317T 240710  
12 319T 240711  
2011-139T - 240708

Jerry Davis  
708 W Darlington St  
Florence, SC 29501

**RECEIVED**

DEC - 4 2012

**ORS  
T.T.W.W/W**

December 4, 2012

Dear ORS ,

I Jerry Davis am asking to expedite my Reinstatement I do not have any other source of income this is my only Business. Please honor my request to do so. Thank you for your understanding.

Sincerely,

Jerry Davis

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DEC 05 2012  
PSC SC  
CLERK'S OFFICE

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NOV 30 2012  
PSC SC  
CLERK'S OFFICE

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

*Jerry Davis*

~~Jerry Davis~~

*Jerry Davis*

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ORS  
T, T, W, W, W

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2011 - 139 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Jerry Davis

Address: 208 W. Darlington St  
Florence SC 29501

Telephone: 843-453-9879

Fax: \_\_\_\_\_

Other: \_\_\_\_\_

Email: \_\_\_\_\_

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input checked="" type="checkbox"/> Request for Reinstatement   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input checked="" type="checkbox"/> Other: <u>Expedite</u>             |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

**CLASS C REINSTATEMENT FORM**

<p><b>File the original with:</b></p> <p><b>Public Service Commission of South Carolina</b>  <b>Clerk's Office</b>  <b>Motor Carrier Matters</b>  <b>P.O. Box 11649</b>  <b>Columbia, S.C. 29211</b>  <b>(803) 896 - 5100</b>  <b>FAX (803) 896-5199</b></p>	<p><b>Mail or fax a copy to:</b></p> <p><b>S.C. Office of Regulatory Staff</b>  <b>Transportation Department</b>  <b>1401 Main Street, Suite 900</b>  <b>Columbia, S.C. 29201</b>  <b>(803) 737-0578</b>  <b>FAX (803) 737-0815</b></p>
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DATE: 12-4-2012

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 8409
- ☐ Charter Certificate Number \_\_\_\_\_
- ☐ Charter Bus Certificate Number \_\_\_\_\_
- ☐ Non-Emergency Certificate Number \_\_\_\_\_

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**ORS**  
**T.T.W./W**

My certificate was revoked/cancelled on 11-27-12 because of decal fees  
 (DATE)  
for my car.

I am seeking reinstatement because when I paid the decal fees I  
paid on a wrong name and I didn't pay towards my number.

Jerry Davis DBA ~~Jerry Davis~~  
 (Name of Company) (If applicable)

708 W. Darlington St  
 (Street Address)

Florence, SC 29501  
 (City, State, Zip Code)

843-453-9879  
 (Telephone Number)

(Mailing Address if different from Street Address)

Jerry Davis  
 (Signature)

owner  
 (Title) Owner, President, etc.